SYSTEM AND METHOD FOR RECORDING PATIENT-HISTORY DATA ABOUT ON-GOING PHYSICIAN CARE PROCEDURES

REFERENCE

Certain aspects of the instant invention are similar to those disclosed in U.S. patent application Ser. No. 08/259,338 filed May 13, 1994, now abandoned entitled "Portable Patient Data Processing System and Method" by Edward R. Rensimer. Application Ser. No. 08/259,338 is a continuation of U.S. patent application Ser. No. 07/877,868, filed May 4, 1992 and commonly owned with the instant application. Both applications are incorporated here, in their entirety, by reference.

Included are microfiche appendices A, B and C of seven microfiche of 571 total frames.

Additionally, certain terminology and definitions described in the 1994 edition of the Physicians' Current Procedural Terminology manual (referred to as CPT or CPT94) are incorporated herein by reference. The CPT manual provides a standard classification of medical procedures and is well known to those of ordinary skill in the field.

2. BACKGROUND OF THE INVENTION

The invention relates to a hand-held physician's computer and database system configured to collect, store, and report historical patient-care information at the site of patient service. The system and method permits a physician, or other care-provider, to record not only patient status information but, importantly, other patient-treatment information as well

Many prior patient data systems focused more on data about current patient status than on historical data about the care given to the patient. Such data conveyed comparatively little or no information about the physician and other medical-staff resources that were previously utilized in caring for the patient. One of the most common methods of recording patient care information is the so-called superbill. The superbill is a multipart paper form that is preprinted with numerous broad categories of standard services. The physician checks off one or more of the categories of care, and might make handwritten notes about the specific diagnosis and/or services provided (e.g., otitis media or amoxicillin). The superbill has several drawbacks, including a comparative lack of precision or "granularity" because of the limited space on the preprinted paper form.

3. SUMMARY OF THE INVENTION

A system and method for building more complete patient history data permits physicians and other medical staff personnel to record, accurately and precisely, the treatment or care given in a particular patient encounter. One benefit of the invention is the generation of an objective measure of a physician's rendered level of care, as described by a clinical status code, in a novel modification of a standard classification system. Data elements used in the determination of the clinical status code include a level of history of the patient, a level of examination of the patient, a decision-making process of the physician treating the patient, and a "time influence factor."

Other attendant benefits of the invention include: (1) enhancement of the quantity and quality of care information for a particular patient, allowing future care decisions for that patient to be based on a more complete medical history; (2) enhanced care information can be used in outcome studies to track the efficacy of specific treatment protocols; (3) historical data about physician workload can be easily gathered which, in turn, can contribute to a better understanding and allocation of the professional resources actually used in a given practice during a particular period of time; (4) generated clinical status codes can be used in requesting payment for medical services from insurance companies or other payors; (5) archiving of patient information in a manner which allows reconstruction of the qualitative aspects of provided medical services; (6) real-time sharing and communication of clinical data between physicians; (7) standardization of nomenclature used by groups of physicians in caring for patients; (8) automatic and clean data capture and storage of medical record data that would otherwise be done manually, and (9) the ability to record, transfer, and save medical care data from a portable system to a larger stationary informnation or database system. Considerable physician and staff time are saved, and the precision and accuracy of patient treatment history are significantly enhanced, by recording these activities contemporaneously with the service rendered.

4. BRIEF DESCRIPTION OF DRAWINGS

FIG. **1** is a block diagram of a portable patient data processing system in accordance with the invention.

FIG. **2** is a high level flow diagram of a method in accordance with the invention.

FIGS. **3**A and **3**B are two screen views of an exemplary "patient diagnosis" prompt window in accordance with the invention.

FIG. **4** is a screen view of an exemplary "patient service type" prompt window in accordance with the invention.

FIG. **5** is a screen view of an exemplary "key element level" select prompt window in accordance with the invention.

FIG. **6** is an exemplary logic table describing a means of determining a clinical status code for a service type of "Office (outpatient visit) Services". See also microfiche Appendix A.

FIG. **7** is a flow diagram for FIG. **6**.

5. DETAILED DESCRIPTION OF A SPECIFIC EMBODIMENT

One illustrative embodiment of the invention is described below as it might be implemented using a hand-held general purpose computer. In the interest of clarity, not all features of an actual implementation are described in this specification. It will of course be appreciated that in the development of any such actual implementation (as in any development project), numerous implementation-specific decisions must be made to achieve the developers' specific goals and subgoals, such as compliance with system- and business-related constraints, which will vary from one implementation to another. Moreover, it will be appreciated that such a development effort might be complex and time-consuming, but would nevertheless be a routine undertaking of device engineering for those of ordinary skill having the benefit of this disclosure.

Microfiche Appendix A contains a listing of clinical status code selection logic tables in accordance with the invention. Microfiche Appendix B contains source code listings, in the 'C' programming language, that embody one implementation of the inventive method. Microfiche Appendix C contains documentation for certain aspects of one embodiment of the invention (see source code listings, Appendix B).